

**Initial Equalities Impact Assessment
Joint Community Teams**

<p>Name of policy or function to be assessed: Joint Community Teams Service Vision & Specification</p>	<p>Name of manager responsible for assessment: Jane Shayler</p>
<p>Is this a new or existing policy/ function? Review of policy? Proposed new model of delivery.</p>	<p>Date of assessment: 1 August 2008</p>
<p>Describe the aims, objectives and purpose of the policy or function (include how it fits in to wider aims or strategic objectives).</p>	<p>Three locality based teams of primary, social and community care professionals with a number of community based facilities for them to draw upon. It is proposed that the localities will be based in (and around) Bath, Keynsham and Midsomer Norton/Radstock. Many health and social care services for adults will sit within a locality, but some services will remain on a “B&NES wide” basis due to their specialist nature and/or the size of the service.</p> <p>Overall Objectives:</p> <ul style="list-style-type: none"> • Better health and well-being for all: helping people to stay healthy and well, empowering them to live independently and tackling health inequalities. • Better care for all: the best possible health and social care, offering safe and effective services, when and where people need help. • Supporting people to exercise maximum control over their own life and where appropriate the lives of their family members and empowering them in their choices.

	<ul style="list-style-type: none"> • Better value for all: delivering affordable, efficient and sustainable services, contributing to the wider economy.
<p>Are there any associated objectives of the policy or function (i.e. setting a standard of good practice, improving consumer confidence in the service)?</p>	<p>Joint Strategic Commissioning Objectives</p> <ul style="list-style-type: none"> • Care closer to home • Shift towards prevention rather than focussing predominantly on curing illness • Case management of people with high levels of need • Mainstreaming of older people’s mental health services with older people’s services • Integration of health and social care services to deliver improved outcomes • Models of delivery to be aligned with primary care • Single assessment process for individuals • Universal information, advice and advocacy • Support for carers <p>The expectation is that this will lead to reductions in the number of people requiring an emergency admission to an acute hospital bed and admission into residential and nursing care.</p>
<p>Who is intended to benefit from the policy/function and in what way?</p>	<p>Services for adults of working age and older people that are currently, or can in the future, be provided in a community setting to include:</p> <ul style="list-style-type: none"> • all social care and therapy services based in community and hospital settings • nursing services provided in the community and community hospital settings • mental health services for older people • assessment & care management • the joint equipment service • physical and sensory impairment (including disabled people of working age) • services provided in a residential or nursing care home

	<ul style="list-style-type: none"> • inpatient services provided in a community hospital (including mental health services for older people)
<p>What are the intended outcomes of this policy/function?</p>	<ul style="list-style-type: none"> • Improved quality of care and risk management • Improved personal and individualised care • Earlier and more responsive intervention • Reduced avoidable admissions to hospitals and care homes, and reduced length of stay • Improved care for people who have both physical and mental health needs • Improved communication and multidisciplinary joint working particularly at service interfaces • Reduced inequality of services across geographical areas • Increased flexibility, responsiveness and creativity of services to meet local needs • Improved access and closer links for GPs to therapy and social work services • Improved efficiencies to ensure that services are fit for purpose and provide best value for money
<p>What baseline quantitative data do you have about the policy /function relating to equalities groups (e.g. monitoring data on proportions of service users compared to proportions in the population)? What does it tell you?</p>	<p>Baseline information is being collated, for analysis once the exact location(s) and likely "catchment" area of each team has been finalised.</p>
<p>What qualitative data do you have on different groups (e.g. results of previous consumer satisfaction surveys, feedback exercises, or evidence from other authorities undertaking similar work)? What does it tell you?</p>	<p>Both evidence from other areas with joint community teams and service user and carer feedback on the proposed service delivery model for Bath & North East Somerset is positive.</p>

<p>Are there concerns that the policy/ function could have a differential impact on different racial groups? What evidence do you have for this? Do the differences amount to an adverse impact or unlawful discrimination? If there are concerns that it is indirectly discriminatory could it still be justifiable e.g. on grounds of promoting equality of opportunity for one group? (It is advisable to get legal advice on this.)</p>	<p>No, overall the proposed model of more locally responsive, community based services is expected by all stakeholders to have a positive impact on equality & diversity; social exclusion; and accessibility. There is no evidence to suggest that the proposed model will have a differential impact on different racial groups.</p>
<p>Are there concerns that the policy/ function could have a differential impact on boys/girls or men/women? What evidence do you have for this? Do the differences amount to an adverse impact or unlawful discrimination? If there are concerns that it is indirectly discriminatory could it still be justifiable e.g. on grounds of promoting equality of opportunity for one group? (It is advisable to get legal advice on this.)</p>	<p>No, overall the proposed model of more locally responsive, community based services is expected by all stakeholders to have a positive impact on equality & diversity; social exclusion; and accessibility. There is no evidence to suggest that the proposed model will have a differential impact on men/women. Although outside the remit of this proposal, a similar locality based model is proposed for children's services.</p>
<p>Are there concerns that the policy/ function could have a differential impact on Disabled than on non-disabled children or adults? What evidence do you have for this? Do the differences amount to an adverse impact or unlawful discrimination? If there are concerns that it is indirectly discriminatory could it still be justifiable e.g. on grounds of promoting equality of opportunity for one group? (It is advisable to get legal advice on this.)</p>	<p>Overall the proposed model of more locally responsive, community based services is expected to improve accessibility. In this respect there may be a differentially positive impact for disabled people, older people and others with restricted mobility. However, given the overall objectives of the proposed model of service delivery and the expectation that this model will have a positive impact on all service users, then this is considered justifiable.</p>

<p>Are there concerns that the policy/ function could have a differential impact on Lesbians, Gay Men and Bi-sexuals than on heterosexual young people or adults? What evidence do you have for this? Do the differences amount to an adverse impact or unlawful discrimination? If there are concerns that it is indirectly discriminatory could it still be justifiable e.g. on grounds of promoting equality of opportunity for one group? (It is advisable to get legal advice on this.)</p>	<p>No.</p>
<p>Are there concerns that the policy/ function could have a differential impact on younger or older people? What evidence do you have for this? Do the differences amount to an adverse impact or unlawful discrimination? If there are concerns that it is indirectly discriminatory could it still be justifiable e.g. on grounds of promoting equality of opportunity for one group? (It is advisable to get legal advice on this.)</p>	<p>Overall the proposed model of more locally responsive, community based services is expected to improve accessibility. In this respect there may be a differentially positive impact for older people as well as disabled people and others with restricted mobility. However, given the overall objectives of the proposed model of service delivery and the expectation that this model will have a positive impact on all service users, then this is considered justifiable.</p>
<p>How will this policy/function contribute to promoting good relations between different groups of people?</p>	<p>The proposed model of more locally responsive, community based services is expected by all stakeholders to have a positive impact on equality & diversity; social exclusion; and accessibility, which should, in turn, contribute to wider community cohesion and confidence.</p>
<p>Will this policy/function actively reduce or worsen health inequality?</p>	<p>The locality/community focus of each team will enable greater targeting of health inequalities that are linked to pockets of deprivation.</p>
<p>How is it intended to monitor and report on the impact of this proposal?</p>	<p>Further EIA to be undertaken once the detailed model has been worked up (see below). Initial evaluation to be undertaken 6/12 months after the first Community Team is implemented</p>

<p>Should the policy/function proceed to a Full Equalities Impact Assessment and why have you decided this?</p> <p>Date by which the Full Impact Assessment will take place:</p>	<p>No, both the Impact Assessment Form completed by stakeholders in May 2008 and this initial Equalities Impact Assessment indicate that the proposal will have a positive impact on equality, social inclusion and accessibility. However, it is the case that once the detailed model is fully worked up, including the exact location(s) of each Joint Community Team and the expected geographical boundary/catchment of each team then a further Equalities Impact Assessment will be undertaken</p>
<p>Signed (completing officer): Janet Rowse Job Title : Deputy CEO NHS Bath & North East Somerset</p>	